

GLOSSARY OF DDSN PROGRAMS, POLICIES AND PROCEDURES

Most Often Used by Service Coordinators

► Alternative Residential Placements

- **What is it?** Group home facilities or therapeutic family home settings that are operated outside the Department of Disabilities and Special Needs (DDSN) system network of local provider agencies. Alternative Residential Placements are pursued for consumers after all efforts to provide in-home, community supports and residential services within the local DDSN system have been implemented and/or exhausted. Alternative Residential Placements for children and adolescents are not intended to be permanent placements, whereas placements for adults are designed to be long-term. Alternative Residential Placements often involve several state agencies serving a consumer simultaneously which must collaborate regarding placement, funding and Medicaid participation prior to placement.
- **Who is eligible?** DDSN eligible consumers who have documentation of all efforts to use in-home supports and community resources to avoid out of home placement or removal from a current placement; that have a completed Service Coordination Assessment and Plan to determine the consumer's level of need for supports; and who have applied and been approved for the Critical List. All Alternative Residential Placements must be authorized and approved through the Office of Clinical Services (formally Office of Behavior Supports) at DDSN Central Office.
- **Where can I find it?** Information can be found in the Alternative Residential Placement Manual which can be found on the DDSN website (<http://www.ddsn.sc.gov/providers/manualsandguidelines/Pages/AlternativeResidentialPlacementManual.aspx>).

► Behavior Support, Psychotropic Medications and Prohibited Practices

- **What is it?** This policy outlines DDSN's expectations regarding behavior support on the use of psychotropic medications and prohibited practices.
- **Where can I find it?** This policy entitled "Behavioral Support, Psychotropic Medications and Prohibited Practices" (DDSN Directive 600-05-DD) can be found on the DDSN website ([http://www.ddsn.sc.gov/about/directives-standards/Documents/currentdirectives/600-05-DD%20Revised%20\(031011\).pdf](http://www.ddsn.sc.gov/about/directives-standards/Documents/currentdirectives/600-05-DD%20Revised%20(031011).pdf)). Also, a list of approved providers for Waiver Behavior Support is available on the DDSN website (<http://www.ddsn.sc.gov/providers/medicaidwaiverservices/mrrd/Documents/Providers%20ApprovedWebSite.pdf>).

► Community Supports Waiver (CSW)

- **What is it?** Prior to 1981, people in need of long-term care services could only receive Medicaid funding for such services when the services were provided in an institutional setting such as a nursing home. In October 1981, the Social Security Act was amended to allow states to choose to offer Medicaid funding for long-term care services when those services are provided in the person's home or community. This became known as the Home and Community Based (HCB) Waiver or Medicaid Waiver option. When the Home and Community Based Waiver option is selected by a State; that State is choosing to waive the institutional requirements and must decide for whom those requirements will be waived. The state can select the group or groups of people for whom they wish the requirements to be waived. The purpose of the Community Supports Waiver is to serve people with an intellectual disability or related disability in the community, **whose waiver service needs, will not exceed the individual cost limit set forth in the waiver.** It also offers opportunities for individuals to self-direct certain services if they choose.
- **Who is eligible?** To be enrolled in the Community Support Waiver, an individual must be diagnosed with an intellectual disability or a related disability; be eligible to receive Medicaid or already qualified for Medicaid; require the degree of care that would be provided in an ICF/ID, therefore meet ICF/ID Level of Care criteria; be given the option of receiving services at home and in the community or in an ICF/ID; have needs that can be met by the Community Support Waiver; be allocated a Waiver slot; be informed of the alternatives covered by the Community Support Waiver, choose to receive Community Support Waiver services, and choose among qualified providers.
- **Where can I find it?** Community Supports Waiver Manual is on the DDSN website (<http://www.ddsn.sc.gov/providers/medicaidwaiverservices/Pages/CSW.aspx>).

► Consumer Assessment Team (CAT)

- **What is it?** Consumer Assessment Team is a team of professionals who are responsible for determining and certifying eligibility for DDSN services. Specific evaluation procedures are established for each disability division. The Consumer Assessment Team determines ICF/ID Level of Care for the Community Supports Waiver, MR/RD Waiver, HASCI Waiver, PDD Waiver and TEFRA.
- **Where can I find it?** The policy entitled “Eligibility Diagnostic Criteria, Screening and Intake Processes for Eligibility, and Appeal Procedures” (DDSN Directive 100-30-DD) can be found on the DDSN website ([http://www.ddsn.sc.gov/about/directives-standards/Documents/currentdirectives/100-30-DD%20\(090110\).pdf](http://www.ddsn.sc.gov/about/directives-standards/Documents/currentdirectives/100-30-DD%20(090110).pdf)) explains part of the Consumer Assessment Teams role. Specific procedures for Level of Care evaluations can be found in the Waiver manuals.

► Consumer Data Support System (CDSS)

- **What is it?** The CDSS is DDSN's web-based database system for tracking information about individuals applying for and receiving services. The system contains intake, eligibility, service notes, planning, and assessment information. The CDSS also contains an "alert" page/system to alert Service Coordinators of upcoming due dates of certain Service Coordination requirements.
- **Where can I find it?** Service Tracking System/CDSS Technical Assistance is available to all providers of DDSN contracted services through the online tutorials/videos on the DDSN Application Portal (https://app.ddsn.sc.gov/ddsnportal/ddsn_login.jsp)

► Greenwood Genetic Center

- **What is it?** A program which began in 1974 through the collaborated efforts of DDSN, the University of South Carolina and the Self Foundation. This program offers free genetic evaluations and genetic counseling to families in an effort to prevent and/or reduce the risk of having children with intellectual or physical disabilities. Genetic Service Coordination is also provided as a part of Genetic services to assist families in coordinating services available through the Greenwood Genetic Center.
- **Who is eligible?** Families who are at risk for having a child born with a genetic disease; and families in which a child has already been diagnosed with a birth defect or a handicapping physical or intellectual disability.
- **Where can I find it?** Genetic services are provided through a central clinic and laboratory in Greenwood, SC, and a network of satellite clinics around the state. Services are also available through local DSN Boards and provider organizations. For information on the genetic clinic nearest you, contact the main Greenwood Genetic Center at 1-888-442-4363.

► Head and Spinal Cord Injury (HASCI) Waiver

- **What is it?** Prior to 1981, the Federal Medicaid program paid for services for DDSN consumers with Traumatic Brain Injury, Spinal Cord Injury and Similar Disabilities only if the individual lived in an institution. In 1981, states began to offer Medicaid funding for long-term care services to be provided in a person's home or community. These services are an extension of services already funded by the State Medicaid plan. This extension of services is known as the HASCI Waiver.
- **Who is eligible?** To be enrolled in the HASCI waiver, an individual must have a head injury/traumatic brain injury (TBI), spinal cord injury, or similar disability as determined by DDSN, be eligible to receive Medicaid, be allocated a slot,

choose to receive services in the home or community, and require the degree of care that would be provided in an institution. Therefore, an individual receiving HASCI Waiver services must meet either ICF/ID or Nursing Facility Level of Care.

- **Where can I find it?** Further information can be found in the HASCI Waiver Manual which is on the DDSN website at (<http://www.ddsn.sc.gov/providers/medicaidwaiverservices/Pages/HASCI.aspx>).

► Individual and Family Support (IFS) Stipends

- **What is it?** These are stipends available to families of DDSN eligible individuals who are not enrolled in a DDSN Home and Community Based Waiver (MR/RD Waiver, Community Supports Waiver and HASCI Waiver) in order to avoid out-of-home placement. Funding covers expenses incurred due to an individual's disability, not routine household expenses. Individual and Family Support can be used to assist individuals with one-time only needs, or for on-going needs. State funds for Individual and Family Support Stipends are allocated to local Boards, who then distribute the funds as needs are identified in accordance with DDSN policy.
- **Who is eligible?** DDSN eligible consumers in any Disability Division (ID/RD, Autism and HASCI) who are not enrolled in a DDSN waiver; children ages three (3) to six (6) who are "At Risk," and applicants for TEFRA Level Of Care only.
- **Where can I find it?** Further information is in the policy entitled "Individual and Family Support Stipend," (DDSN Directive 734-01-DD) available on the DDSN website ([.http://www.ddsn.sc.gov/about/directives-standards/Documents/currentdirectives/73401DD.pdf](http://www.ddsn.sc.gov/about/directives-standards/Documents/currentdirectives/73401DD.pdf)).

► MR/RD Waiver

- **What is it?:** Prior to 1981, the Federal Medicaid program paid for services for DDSN consumers with intellectual disabilities and Related Disabilities only if the individual lived in an institution. In 1981, states began to offer Medicaid funding for long-term care services to be provided in a person's home or community.
- **Who is eligible?** To be enrolled in the MR/RD Waiver, an individual must be diagnosed with an intellectual disability or a Related Disability; be eligible to receive Medicaid or already qualified for Medicaid; require the degree of care that would be provided in an ICF/ID, therefore meet ICF/ID Level of Care criteria; be given the option of receiving services at home and in the community or in an ICF/ID; have needs that can be met by the MR/RD Waiver; be allocated a Waiver slot; be informed of the alternatives covered by the MR/RD Waiver, choose to receive MR/RD Waiver services, and choose among qualified providers.

- **Where can I find it?** Further information can be found in the MR/RD Waiver Manual which can be accessed on the DDSN website at (<http://www.ddsn.sc.gov/providers/medicaidwaiverservices/mrrd/Pages/default.aspx>).

► Pervasive Developmental Disorder (PDD) Waiver

- **What is it?:** Prior to 1981, the Federal Medicaid program paid for services for DDSN consumers with intellectual disabilities and Related Disabilities only if the individual lived in an institution. In 1981, states began to offer Medicaid funding for long-term care services to be provided in a person's home or community.
- **Who is eligible?** Child must
 1. be ages three (3) through ten (10) years.
 2. be diagnosed with a pervasive developmental disorder (PDD) by age eight (8) years (The diagnosis must be made by a qualified, licensed or certified diagnostician. Children who are currently eligible for DDSN under the Autism Division must also meet these criteria. Diagnostic documentation must include information supporting a DSM-IV rating).
 - a. For an autism diagnosis, there must be evidence of at least two of the following: Autism Diagnostic Observation Schedule (ADOS), Autism Diagnostic Interview (ADI), Social Communication Questionnaire (SCQ), or Childhood Autism Rating Scale (CARS).
 - b. For an Asperger's Syndrome diagnosis there must be evidence ruling out autism using previously mentioned tools and concluding with an additional adaptive behavior scale (i.e. Vineland) and one of the following: DSM-IV Criteria Checklist/Asperger's Disorder 299.80, Asperger's Syndrome Diagnostic Scale (ASDS), Asperger's Syndrome Diagnostic Interview (ASDI) or Online Asperger's Syndrome Information and Support (OASIS).
 - c. For other PDD diagnosis there must be evidence ruling out autism using previously mentioned tools and the DSM-IV Criteria Checklist/Pervasive Developmental Disorder – Not Otherwise Specified (PDD-NOS) 299.80 and the Scale of Pervasive Developmental Disorder in Intellectually Disabled Persons (PDD-MRS).
 3. Meet Medicaid financial criteria or provide documentation of financial ineligibility for Medicaid.
 4. Meet ICF/ID Level of Care medical criteria (as determined by the DDSN Consumer Assessment Team for this program).

- **Where can I find it?** Further information can be found in the PDD Waiver Manual, which can be accessed on the DDSN website at (<http://www.ddsn.sc.gov/providers/medicaidwaiverservices/pdd/Pages/PDD.asp>).

► **Reporting of Abuse, Neglect or Exploitation**

- **What is it?** DDSN has specific procedures for reporting and tracking incidents of abuse, neglect or exploitation involving DDSN consumers. **Abuse** is defined as any intentional physical or mental injury or harm, or the threat of such injury to a consumer by any employee or volunteer of DDSN or its contract provider agencies. **Neglect** is defined as the failure to provide for basic needs, such as food, clothing, shelter, health care, safety, or adequate supervision; and the failure results in risk to the life and/or safety of the consumer. **Exploitation** is defined as the improper use or manipulation of a consumer or his/her resources for profit or advantage by an employee or volunteer. This includes but is not limited to exploitation for money, gifts, or other personal gains.
- **Where can I find it?** Information in the policy entitled “Procedures for Preventing and Reporting, Abuse, Neglect, or Exploitation of People Receiving Services from DDSN or a Contract Provider Agency” (DDSN Directive 534-02-DD) can be found on the DDSN website ([http://www.ddsn.sc.gov/about/directives-standards/Documents/currentdirectives/534-02-DD%20\(Revised%20120910\).pdf](http://www.ddsn.sc.gov/about/directives-standards/Documents/currentdirectives/534-02-DD%20(Revised%20120910).pdf)). Incidents are reported by use of the DDSN application “Incident Management System- IMS” found on the DDSN Application portal.

► **Reporting of Critical Incidents**

- **What is it?** DDSN has specific procedures for reporting and tracking critical incidents involving DDSN consumers. A critical incident is defined as an unusual, unfavorable occurrence that is:
 - a) not consistent with routine operations;
 - b) has harmful or otherwise negative effects involving individuals with disabilities, employees, or property; and
 - c) occurs in a DDSN Regional Center, DSN Board facility, other service provider facility, or during the provision of DDSN funded services.
- **Where can I find it?** Information is available in the policy entitled “Reporting of Critical Incidents ” (DDSN Directive 100-09-DD). Incidents are reported by use of the DDSN application “Incident Management System- IMS” found on the DDSN Application portal (https://app.ddsn.sc.gov/ddsnportal/ddsn_login.jsp) .

► Residential Services

- **What is it?** DDSN provides and funds residential services that are provided in a variety of settings. These settings include Intermediate Care Facilities for Persons with Intellectual Disabilities (ICFs/ID), Community Residential Care Facilities (CRCF), Community Training Homes, Supervised Living Programs, and Supported Living Programs. Individuals needing residential services are assessed according to their level of need and the urgency of need.
- **Who is eligible?** DDSN eligible consumers who have been assessed as being in need of residential services, or as being appropriate for a less restrictive placement or who are at risk of losing a current placement. Individuals seeking residential placement must follow established procedures for selection. Waiting lists are maintained and placements are made only by these established procedures.
- **Where can I find it?** DDSN Residential Licensing Standards provide a description of each setting and can be found on the DDSN website ([http://www.ddsn.sc.gov/about/directives-standards/Documents/currentstandards/Residential%20Licensing%20Standards%20\(Revised%20050111\).pdf](http://www.ddsn.sc.gov/about/directives-standards/Documents/currentstandards/Residential%20Licensing%20Standards%20(Revised%20050111).pdf)).

► DDSN Contract Compliance Review

- **What is it?** DDSN contracts with Delmarva to conduct Contract Compliance Reviews of some programs. This review encompasses quality assurance reviews, personal outcomes measures and consumer satisfaction components. It is designed to provide an assessment of consumer services and provider compliance with DHHS, CMS and DDSN requirements. The Quality Assurance Review is composed of four basic components including: Compliance Reviews/Basic Assurances in the areas of administrative, general agency and Early Intervention; Outcomes Assessment; Follow-up Reviews which include Plans of Correction; and Special Circumstance Reviews of critical incidents.
- **Where can I find it?** Quality Assurance Review information is updated annually and can be located on the DDSN website (<http://www.ddsn.sc.gov/providers/qualitymgmt/Pages/QualityAssurance.aspx>)

► Service Tracking System (STS)

- **What is it?** The STS is the “service module” located on the DDSN mainframe (Rumba). The STS contains service delivery data for billing and reporting purposes. Also, the system contains basic demographic information, contact information and information regarding services the person is awaiting and services the person is receiving. In addition to STS, the mainframe contains other applications: STS, PSS, WVR, CEN, SCH, INJ, SECURITY, and GTS. The

other application used primarily by Service Coordinators is the WVR application, or Waiver Tracking System. The WVR tracking system is also a service module containing specific information pertaining to Waiver services.

- **Where can I find it?** The Service Tracking System is available to all providers of DDSN contracted services through the online tutorials/videos on the DDSN Application Portal (https://app.ddsn.sc.gov/ddsnportal/ddsn_login.jsp) located under R2D2 > Business Tools

► TEFRA (Tax Equity and Fiscal Responsibility Act of 1982)

- **What is it?** Federal legislation which allows states to make Medicaid benefits available to certain disabled children who would not ordinarily be eligible for Supplemental Security Income (SSI) benefits due to their parents' income or resources. To receive TEFRA benefits, only the child's income and resources are considered when determining eligibility. Through TEFRA, only basic State Medicaid plan services are provided. It is not an HCB waiver; it is a waiver of basic Medicaid eligibility requirements. The TEFRA program in South Carolina became effective on January 1, 1995.
- **Who is eligible?** Children who meet the following requirements:
 - age 18 or younger
 - live at home
 - meet the SSI disability criteria
 - have gross monthly income and countable resources at or below established levels
 - meet Level of Care criteria (Hospital, Nursing Facility or ICF/ID)
 - must be appropriate to provide care for the child in the home
 - the estimated cost of caring for the child outside the institution does not exceed the estimated cost of caring for the child within the institution
- **Where can I find it?** The TEFRA program is operated through DHHS Division of Central Eligibility Processing. Requests for a TEFRA Level of Care are forwarded to the Home Board, and then processed by the Consumer Assessment Team (CAT) for Level of Care.

► Waiting Lists ("DDSN Waiting List")

- **What is it?** A waiting list is a list of the names of people who are requesting and/or in need of a particular service that is not immediately available. To ensure people are provided services in the most timely and equitable manner possible, and that those who have critical needs that jeopardize their health and safety are given priority to services and supports, DDSN has developed a policy that dictates how waiting lists for DDSN funded services are managed. DDSN has

three kinds of waiting lists that it manages: Critical Needs, Residential and Home and Community Based Waivers (HCB Waivers).

- **Where can I find it?** The policy entitled “DDSN Waiting Lists” (DDSN Directive 502-05-DD) can be found on the DDSN website ([http://www.ddsn.sc.gov/about/directives-standards/Documents/currentdirectives/502-05-DD\(Revised%20041509\).pdf](http://www.ddsn.sc.gov/about/directives-standards/Documents/currentdirectives/502-05-DD(Revised%20041509).pdf)).